

# PCM LTD CUSTOMER ACCOUNT APPLICATION FORM

FULL TRADING TITLE AND INVOICE ADDRESS	TELEPHONE NUMBER	FAX NUMBER
	EMAIL ADDRESS	WEBSITE ADDRESS
	POSTCODE	YEAR ESTABLISHED
STATEMENT ADDRESS	ACCOUNTS CONTACT	ACCOUNTS PHONE
	SALES CONTACT	SALES PHONE
	ESTIMATED MONTHLY CREDIT REQUIREMENT £	ESTIMATED VALUE OF FIRST ORDER £
FULL NAMES AND PRIVATE ADDRESSES OF ALL PARTNERS/PROPRIETORS		
IF A LIMITED COMPANY – LIST NAMES OF DIRECTORS	COMPANY REGISTRATION NUMBER & VAT NUMBER.	
	REGISTERED OFFICE ADDRESS	
FULL NAME AND ADDRESS OF BANKERS	BANK SORT CODE	
	BANK ACCOUNT NUMBER	
1 – NAME AND ADDRESS OF TRADE REFERENCE	CONTACT NAME	
	TELEPHONE NUMBER	FAX NUMBER
2 – NAME AND ADDRESS OF TRADE REFERENCE	CONTACT NAME	
	TELEPHONE NUMBER	FAX NUMBER

**WE CONFIRM THAT THE DETAILS ABOVE ARE CORRECT AND THAT WE HAVE RECEIVED A COPY OF PCM LTD TERMS AND CONDITIONS OF SALE**

NAME: .....

SIGNATURE: .....

DIRECTOR/PARTNER/PROPRIETOR (please delete)    DATE: .....